

AN ESSAY ON

Very orderly & intelligent

EPILEPSY

FOR THE

Degree of Doctor of Medicine,

IN THE



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BY

FRANCISCO. J. MARTINEZ.

County, *Guayaquil* State, *Ecuador*
Residence in this City, *733 Arch Street*
Preceptor, *H. L. Hodge*
Duration of Studies, *three years* Age, *21 years*
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(7)

Introduction.

If we stop for a moment to consider this moving machine, and if we only set our eyes not upon the space above, but on the earth below, we see man the lord of creation ruling the inferior creatures disposing of the elements for his own comfort, and developing the germ of science and knowledge. There the scientific man retired from the world, and yet in contact with it works day and night to astonish his fellow beings with the fruit of his investigations, here another raises himself like a comet with a new and wonderful invension to be the astonishment of the rest causing as it were a revolution of things, and in this way the

arts and sciences are improving every day to such an extent that it would astonish our ancestors to see things realized that they thought perhaps impossible. But Medicine like a wheel of this machine can not stand still, she moves, and moves by the way of improvement. If we look on her past we will notice the difference, we see old Medicine like a weak shade the object of the superstition of mankind while now we see in it a clear and distinct form, a rich magazine that although we do not know how much is in it still we know that it is rich in subjects that deserve our attention, full of material for investigation. Man could not but recognize this, and looking for everything that is grand could not but stop and consider this science, he could not but recognize

in it subjects worthy of his attention,.....
he studied and discovered.....hence the improve-
ments of the medical science, many things that
before were unknown now are clear to the
mind of the medical man, but there are
subjects that stand before the laborious inves-
tigator covered by the veil of ignorance one of
these is the disease which I intend to con-
sider, The researches of the eminent physiologists
and pathologists have failed to discover
the real lesion accompanying Epilepsy, if the
real cause of the malady was known then
we should have a ground to work upon
against our enemy, but there is no ground,
it is understood I speak of the variety deno-
minated "central Epilepsy" in this case, blind
the practitioner throws himself in to the
arms of quackery.

It may be thought that by selecting this subject for my discussion I pretend to throw some light upon it but very far from pretending thus I can not but confess my ignorance about all that learning that is preliminary to the consideration of subjects like this, the short time of medical education that I have received will prove it.

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It is impossible to give a perfect definition of this affection as Dr. Watson says, this is because of its having so different aspects and so numerous modifications. I can not but to agree with him; if we were going to give a correct definition we should have to divide the disease and describe every form as a different one. Looking perhaps to the gravest shape of the disease Copland describes it thus-

"Sudden loss of sensation and consciousness, with
 "spasmodic contraction of the voluntary muscles"
 "quickly passing in to violent convulsive distor-"
 "tions, attended and followed by sopor recurring"
 "in paroxysms more or less regular." - Cullen
 defines it as - "Convulsions of the muscles"
 "with sopor. (musculorum convulsio cum sopore)"
 re) But these definitions can only be apply
 to the "grand mal" while the "petit mal"
 is excluded.

Diagnosis

If we describe the epileptic attack that
 will give us the diagnosis of Epilepsy. The
 child subject to whooping cough is in his
 best humor enjoying his playthings when
 suddenly he is attacked by the paroxysm,
 the same happens with the epileptic,
 without any premonition, generally, and

at any time day or night he suddenly utters a cry and falls to the ground losing his consciousness and the power of voluntary motion, the muscles remaining for a few seconds in a tetanic spasm getting ready as it were to begin to play violently keeping the whole frame in a constant and rapid movement; these movements are so violent that the humerus some times have been luxated or fractured, the eyes are turned upwards and the lids partially opened, there is a foaming at the mouth and the tongue thrust between the teeth is severely bitten, therefore the foam is tinged with blood, the thumbs are some times bent upon the palms of the hands, a choking sound is heard in the trachea, some times the urine, feces or semen are voided; these symptoms last from half to three minutes when the patient

raises himself comatose and dull in intellect or some times remains in a state of coma even for a few hours. I notice Da Costa describes the eyelids as half closed, while Niemeyer describes them as widely opened, and again, we see some symptoms described by one author, and not by another. I think it is very probable that there is a more or less difference in some cases by the absence or presence of certain symptoms except those that I think the more pathognomies, that of the convulsions, and loss of consciousness, as even the state of sopor may not exist as I saw in a case I witnessed, and in that case of Dr. Wright that I will quote, the reverse of sopor was observed.

In the "petit mal" there is only the loss of consciousness for a few seconds, in some cases accompanied only by twitchings

of the muscles of the face and neck, Dr. Flint relates us of two cases, the one witnessed by himself at the wards of Bellevue Hospital; a female patient quietly standing in the ward, suddenly uttered a cry and ran from ~~one~~ end of the ward to the other the urine being voided in her course arriving at the end of the ward she stopped looked a little confused and quietly returned. The other is that of a lady subject to the "grand mal" having in the intervals frequent attacks of the "petit mal," it happened some times that while she was arranging her hair, the hands were fixed precisely as they were at the moment of seizure being not conscious of the attack. The same author mentions cases related by Froesean, the one of a patient who uttered a burst of laughter without thought—

having knowledge of the fact, and others of persons engaged in conversation or other occupations abruptly going in to the street bareheaded and walking until they recovered themselves returning to their former occupation unconscious of what happened to them, still an other case related by Flint of a young man who had been subject to ordinary Epilepsy for twelve years and at the present (at the time of Dr. Flint observation) suffered from fits consisting in jumping movements repeated at intervals. In the "American journal of the medical science" for May 1828 we read the following case related by Dr. J. H. Wright of Baltimore; "A woman, aged thirty two was subject to daily attacks of a convulsive disorder in the following manner: - She would be seized suddenly with an irresistible feeling

of furious excitement utter a loud but smart
 "cutting exclamation and generally grasp and
 "hold forcibly the object or person nearest
 "within her reach. I observed when sitting
 "she would sometimes start up and run to
 "some object or person to seize on and inflict
 "herself: she rarely at the first moment of attack.
 "Her countenance during the paroxysm was wild
 "and convulsed, her consciousness for a time subse-
 "lided, and body much agitated. In a few moments
 "faintness would come on, and if not supported
 "she fell; but if laid down she recovered sense
 "and motion in a few moments. Dr. C. Stans-
 "field Jones, tells us such a case as this. The pa-
 "tient begins to wink and then both eyes be-
 "come drawn quite under the lids towards the
 "right, one inwards and the other outwards;
 "he then loses consciousness for four or five

"minutes, and falls down, does not scream, but
"moans as if choked." There may be some
other forms of the disease that I do not
know of but for as many as I notice here
I see that Dr. Watson is right in saying that
it is impossible to give a correct definition
of the disease. I have said before that the pa-
tient generally is attacked without having
any premonitory symptoms, but it must be no-
ticed here that it happens some times that
the patient receives a warning of the attack, more
commonly it is call "aura epileptica" a sen-
sation of a current of ~~current~~ cold vapor begin-
ning in some parts of the body mounting to
the head; the occurrence of mental illusions, Dr.
Watson mentions the case of a gentleman who
used to see a little old woman rapped in a
red cloak coming and striking him a

blow on the head and at the very moment the fit ensued. Of seven cases presented at the clinic in the Philadelphia Hospital by Dr. W. Pepper there was only one who had a precursory symptom and was that of the vision of an evil coming to him and saying "I got you" falling at the very moment prior to the attack. Two cases more by Dr. Pepper in which premonitory symptoms occurred those of streama veraxity in a girl, and those of dulness and slowness in a young man occurring in the evening the fit taking place in the night giving this time to prevent it in both cases. But in others let it be stated that there is no premonition at all, and so they have to suffer the painful consequences that otherwise could be prevented, and even more, they may fall the victims of the disease been thrown from a precipice or drowned while-

travelling in water. It may be understood that the premonitory symptoms are of no consequence whatever and only I think, they come to play as a secondary diagnostic sign as I have shown, in some cases they ~~are~~ not found. It was thought that in the part where the aura arose there was the exciting cause of the disease, but have this ever been proved?

Causation

The cause of Epilepsy remains obscure, in spite of all investigations very little has been learned; there are many exciting causes anything that empowers the system, anything that excites the nervous system, anything that makes a strong impression upon the brain. Among these causes we find the state of convalescence from some

diseases, drunkenness, intestinal worms, uterine
 lesions, masturbation, tumors in the brain or
 any bony growth pressing on this organ, epilepsy
 is excessive use of the venereals, the sight
 of a full $\frac{1}{2}$ - I think that there must
 be a constitutional tendency in those subjects
 to the attack, there must be a peculiar nervous
 temperament with a tendency to this disease,
 as we see how many persons are frightened
 how many we see in the most miserable state
 of constitution, how many unhappily we see
 slaves of the intoxicating drugs carrying a life
 of dissipation hastening the time of life that
 nature has given to them, they may reach
 the end of their miserable life without been
 subjects to Epilepsy, and so we may say
 of the others.

There are cases in which no existing cause can

be traced; and hence rises the suspicion of inheritance, but to the astonishment of the examiner no trace of the disease were ever found in the patient's ancestors and the investigator have to confess his ignorance. In these cases it is very proper to suspect some poison in the blood acting as a concealed enemy. Some times it is related that the sufferer have inherited the disease and this is noticed from the very beginning of his life hence the convulsions that are seen in children are considered as an announcement of the attack that in later time presents itself.

Prognosis.

When the exciting cause of Epilepsy can not be ascertained or if it be beyond the reach of our thera

pentical agents, the prognosis is unfav-
 orable, as no ~~cures~~ cures can be obtained; especially
 in Central Epilepsy, when the causative
 agent is situated within the previous cure,
 our professor of Practice of Medicine once ex-
 pressed himself thus "I have not seen yet a
 case of central Epilepsy where a cure have been
 obtained." Due to the little attention that
~~has~~ been paid to this disease in times past
 there are very few cases reported cured and in
 many of them the cure may had been tempo-
 rary the physician reporting the patient cured
 when a mere suspension of the attack had
 been effected, the disease appearing again to
 the astonishment of the patient who believed
 himself free of his terrific enemy, like the
 cat that amuses himself playing with his li-
 ving prey leaving her free for a moment when

she tries to escape but alas! she suffers
 after a while the claws and the sharp teeth
 of her voracious enemy. The subject of Epilepsy
 may place himself under the imperious treat-
 ment of a practitioner who after a long trial
 may find the miraculous drug that will stop
 the attacks entirely he may think this a great
 triumph having found a cure for the disease,
 and he hastens to report the case hence he
 advocates all the different drugs for the cure
 of cerebral Epilepsy, but after some time the
 patient becomes again subject to fits perhaps
 of severer form the physician exhibits his anti-
 dote again with no effect whatever the disease
 asserting the supremacy over her victim and very
 soon conquering the Dr. of his inability to resist
 her. There seems to be a periodicity sometimes
 in the occurrence of the fit this takes place

some times at night only, with more or less regu-
 larity, but when the disease begins to acquire
 a graver aspect, then that order does not exist
 any longer, day or night at any time the attack
 may come on. As the fits increase in number
 the patient begins to be deprived of the great-
 est gift of nature, the power of thinking
 (this is especially the case in congenital Epilepsy
 in which distinguish man from beast...
 ... as the disease repeats with more frequency her
 attacks the patient begins to be dull in inte-
 lect and loses the memory of the facts; the natu-
 ral imbecility of the patient makes him to feel
 aversion for those employments that require the
 exercise of the mental faculties. If the cause
 can be traced if it is peripheral Epilepsy very
 naturally the prognosis is more or less favorable.

This disease has a terrific influence on

the patient and his relatives but we must
 bear in mind to be cautious about letting
 the patient know that he is an Epileptic as
 this has a depressing influence on him; & the
 mental influence has anything to do in the
 treatment of disease, it is in this group of
 diseases (those of the nervous system) precisely
 where this therapeutical agent comes more exten-
 sively in to play. Again, the prognosis de-
 pends to a certain extent upon the diagnosis
 we see in the daily effort of the physician to
 destroy human complaint how important it is
 to make a good diagnosis, for the future success
 in the treatment of this disease; collecting
 the symptoms that the patient can afford to
 give and those that the medical man selects
 through his skill accompanying with his discri-
 mination in the differential diagnosis, and

the knowledge that he can gain by chemical
 researches and post mortem examinations he
 proceeds in the treatment of disease, more espe-
 cially in the malady that presents some ti-
 mes such rare symptoms, is where he must exer-
 cise his judgment his skill in discovering
 every thing that can hide the cause from
 sight, we must confess however that in some cases
 there is such a complications that we have to stand
 not on a very sure ground, and even ~~more~~ times
 prescribe an empiric treatment, as there are some
 cases in which we can not find any cause to
 account for the disease, or where the lesion is seen
 in a place beyond human eye; there is the
 laryngoscope that enables us to look where
 without it we should be blind the
 ophthalmoscope, the different sorts of speculi;
 instruments made to show parts that the

naked eye by it self could not see, but there is no instrument yet discovered to look in the cranium covered by impenetrable bony walls the existing cause of Epilepsy may hide itself as we see in the case of ^{aff} Dr. Bright that I describe hereafter.

If the future success in the treatment of the disease in question depends to a great extent on the care taken of the diagnosis, it is very important to employ great care in making it. The importance of this I can illustrate. The writer was subject to sudden and violent contractions of the left pectoral muscles, some times to that of the right and others to sudden cracking of the trunk followed by the sensation of the "aura epileptica", irregular palpitations of the heart and a sense of irritable temper, my digestion was not good, the attack came on an hour or

two after a full meal. I went to consult a young but well posted physician connected with the University of Penn. who after making a hasty diagnosis placed me under a treatment - but did not prove successful when I thought about consulting our professor of Practice of Medicine, Dr. H. Stille, who after a careful investigation accompanied by his sound judgment immediately found the lesion to be in the stomach, the attack came on an hour or two after a meal, ... my direction was not good, ... here the two points that our professor remarked at once, and so directing his treatment so favorably that now thanks to him I feel myself free from my little suffering.

"I have considered the prognosis of Central Chorea as unfavorable, I can not consider it otherwise there been no means to destroy

the disease entirely, but from this do not follow that I consider the prognosis better as all authors agree in saying that there is no eminent danger from the attack itself; the mental faculties may be impaired as I have shown but the patient may enjoy a good health otherwise, and every now and then we may diminish the frequency of the fits.

Treatment

The treatment of Epilepsy may be divided in so that during the paroxysm and that during the intervals. The treatment during the paroxysm may be called protective as the only thing we can do is either to prevent it some times ~~or~~ to protect the patient from the damages resulting from the attack. Between the varieties of Epilepsy we find that in some cases

the fit may be prevented matters relating to the phenomenon is not explain it and indeed it seems sufficient to do so. If there is something beyond our intelligence, if there is a fact that we are not able to account for something that we can not comprehend then we say "it is a mystery" and in this way we find a cause for our ignorance. Dr. Watson relates a case of a boy who tied a cord around his thumb preventing in this way the throbbing paroxysm, and there other cases that I made allusion to of calcium vivacity in a girl, and of dullness in a young man, it happened that if she would be calmed the attack was prevented in him too. The inhalation of chloroform have been tried, tracheotomy and compression of the carotids have been practised, even blood letting. I do not know whether if these operations have been practised as a protective treatment or as curative I can not

conceive that operations as tracheotomy and
 compression of the carotids were performed as protect-
 ive, the danger of suffocation or asphyxia has been emi-
 nent during the paroxysm still this point seems to
 me of great interest. It is understood. As to the
 tracheotomy, the danger arising from this operation
 should be born in mind, and the judgment of
 the practitioner comes to play in such cases like
 these. In my humble opinion I do not see great
 danger from suffocation unless the duration of
 the paroxysm should be very long, from the compres-
 sion of the carotids I do not see any benefit as
 the determination of the blood to the head is
 caused by the lesions and therefore this is a
 symptom and not a cause there for I do not
 see great benefit to be derived from this prac-
 tice. The inhalation of chloroform may be
 of more benefit, in regard to bleeding in cases

of plethora may be beneficial especially as a
 curative treatment, that is in cases where we
 suspect plethora as the only cause to account
 for the fits. As the attack comes on during the
 night some times it is well to have a bed with
 raised basis and if we will be very rare but about
 our patient still better. I should suggest a net
 made as a common fishing net fastened on the sides
 of the bed so as that he could struggle without hurting
 himself, it is as well to have another person to
 sleep in the same room as he may collect himself
 between the sheets and pillows, and that he may
 not use any dress tight at the neck. In such
 measures that our natural sense suggests to us should
 be present in the treatment of our unhappy suffer-
 er. As the congestion of the brain is more or less
 marked in every attack it seems necessary to notice
 the recommendation of loosening any constriction in the

neck so as to favor the return of blood from the head since the suspension of pressure on the carotids it is not without a reason recommended and even the tying of these vessels have been resorted to, what I think of no use. I think that this was done only on account of ignorance as it was thought perhaps that the symptoms were due to the over supply of blood to the brain, and not as it seems more proper that this over supply was a symptom and not a cause.

The treatment during the interval may be curative or palliative, and it is in peripheral Epilepsy that a cure can be effected generally. When Epilepsy is a symptom, when through the skill of the practitioner a good diagnosis can be made and the real cause of the disease can be removed then a cure is effected, hence the carefulness we must observe in the

treatment of the malady so that it would not
 happen to him like that physician that without
 being very careful, perhaps about his diagnosis
 in a case of Epilepsy and without finding any
 cause to account for the fits began his empiric
 treatment by cleaning his patient's alimentary
 track and to the best luck of the engineer the
 Dr. happened to prescribe a powerful cathartic
 but of course the result was such as to cause the ap-
 pearance of a Convulsion, the existing cause re-
 moved the patient got well.

If we suspect syphilis, then our treatment
 should be as that prescribed for primary
 secondary or tertiary syphilis as the case may
 be, if we suspect the presence of a foreign
 body any where we must remove it, and thus
 that we could account for a cause we must
 endeavor to remove, although we must not remo-

we indiscriminately as it used to be done in older times when not finding, perhaps anything to account for the disease the patient was subjected to castration. The serious operation of trephining may be performed if we suspect the presence of a spicula of bone pressing on the brain after a fracture, or a bony growth.

Let us notice the main remedies that are recommended for the cure of Epilepsy those which we look for when we subject the patient to the empiric treatment; the efficacy of some of them are based on the success of the practitioner who recommend them or having casually been found beneficial in some cases, hence we see recommended a retractor on the upper and posterior part of the neck having noticed that a boy subject to the malady happened to fall and injured himself on the head, the wound

remaining opened and suppurating for a long time
 during which the boy was entirely free from
 the attack, but it exhibited it self again after
 the closure of the wound. Some recommend the
 use of mercury others advocate that of nitrate of
 silver, this last named remedy as Dr. Watson says
 has been used without any effect whatever, the pa-
 tient remaining after a long treatment with the tra-
 ces of a system impregnated with silver as no-
 ticed by the discoloration of the skin the patient
 remaining dark colored and still peltic, and
 in the case doing rather harm than good; we
 now again subject our patient to the annoyance
 of ptyalism finding after a long course of sali-
 nation that our patient did not improve by
 our treatment.

It seems well to stop for a moment to consi-
 der the use of the bromide of potassium as it

is, indeed, by many competent authorities, among
 them our professor of practice, but it is not
 in every case of Epilepsy that this drug proves be-
 neficial. It is only in those cases of cerebral Epilep-
 sy when we can not remove the cause of the malady,
 then by the appropriate use of the medicine we can
 succeed in diminishing the severity and frequency
 of the paroxysm, or even stop them for some
 time, but as far as the exciting cause is not destr-
 oyed the phenomenon have to take place, it may
 as I have said remain dormant, as it were, for
 a time, but afterward presents itself again with
 more severity, perhaps. Dr. Wood tells us of Sir
 Charles Locock having first drawn the
 attention of the profession to the use of the re-
 medy for the treatment of Epilepsy, Brown Se-
 guard seems to have been successful with the
 drug in cases where a strong opium was adminis-

tered, and as Dr. Wood says even in cases of intra
 cranial lesions if it can not effect a cure it
 will cause a diminution in the frequency of
 the attacks. Through its sedative influence on
 the brain. So many drugs have been advocated
 as curative that one of our contemporaneous writers
 (Dr. H. Lett Jr) expresses himself thus "I would"
 "require many pages simply to enumerate the medi-
 cines, the curative efficacy of which, in certain ca-
 ses has been attested by direct and unheeded"
 "specimens. The list is so extensive, the testimony with
 respect to particular remedies is so conflicting, and
 the instances of incurable Epilepsy are so numerous,"
 "that practitioners are apt to enter upon the treat-
 ment of a case without much expectation of success."
 These words of Dr. Lett show us how the practi-
 tioner ignorant of the pathology of some cases of
 Central Epilepsy (I presume) have been wandering

about turning over page of the Materia Medica
until the end was found experimenting with
every drug accompanying with more or less success, and
it is well to experiment now with this, then with that
and if carefully done perhaps the remedy use will
to the case may be found.

There is a Therapeutical agent that I have not men-
tioned. It is very important. Which acts through
the nervous system. Mental influence, - and
it is in diseases connected with derangement of
the brain that it is more efficacious, the greater
proof that mental influence acts very powerfully in
this complaint is that it is ~~that~~ as I have men-
tioned the sight of our a sick man cause to die
another in a person or animals that never was
subject to it before. So that in order to ful-
fil our object we may deceive our patient saying
that he is not a subject to the disease as the

deed. that every body has of been an Epileptic is great and by assuming them that it is very probable that it may be cured. The success of the so called Homeopathic practitioners in my poor opinion is based (if they are who succeed, ... and not nature) upon the influence on the ignorant, the belief that they have of been cured greatly to play in such cases, accompanying not by the help of their drugs but by the work of nature.

Morbid Anatomy

What is the

morbid anatomy of Epilepsy? is there any lesion always found in the cases where post mortem examination have been made? has this lesion always been found to be the same? what is the change in the brain caused by the morbid? what is the nature of this organ in Epilepsy? It is understood

toward these questions are referred to cases of central Epilepsy as in peripheral it is very natural that we should find the traces of the disease of which Epilepsy was a symptom. There has been no satisfactory explanation given yet in regard to the point in question and hence the ~~darkness~~ in which the subject of the disease remains. It is true that of late years ~~agood deal~~ ^{an} ~~it~~ ^{it} have been thrown upon the subject, as a consequence of the researches that have been made on the nervous system; we know that the part affected is the medulla oblongata, or at least we are told so but what is the alteration of this organ? Some say that it is evagination, others that it is softening, but a fixed point in this regard is wanted. Let us see the changes found after death in the case of which I have made allusion many times, founded in the American Jour-

nal of the Medical Sciences" for May, 1820, ...
 an Essay on the subject by Dr. J. H. Knight of
 Baltimore. — "A young man aged about twenty
 years, who had been from childhood an inmate
 of the Baltimore Almshouse, was subject as far
 back as history could be traced, to epileptic sei-
 zures. The paroxysm ~~was~~ of the convulsive
 kind, irregular in the time of attack, occurring
 at intervals of only a few days, and sometimes more
 than once a day; paroxysms generally of short dura-
 tion.

The subject of this case was a German descent, and
 though raised from boyhood in the Baltimore Alm-
 house, where the English idiom was used exclu-
 sively, he could neither speak nor comprehend
 that language. This person was of middle size,
 robust and strong; his general health good, and
 "appetite voracious, his manners incontinent and

" returned; great apparent torpor of mind; countenance vacant, and of somewhat idiotic expression.

The epileptic paroxysm came on at any time of the day or night without order, and independent of any evident exciting causes; often seizing the patient when eating his meals, and it was remarked that when thus attacked, the moment the paroxysm ceased he would rise and return with increased voracity of appetite, to the repast which had been interrupted by the fit. The paroxysms at first were followed by some degree of coma or stupor usually attended on epileptic seizure, but it was afterwards discovered that the paroxysms could be abruptly terminated and coma or stupor prevented by raising and supporting the patient and exciting him by loud speaking, together with smart shaking or agitation of his body.

" About the first of August 1884 the patient was attacked by paroxysms of more than usual force, and the fits were repeated at short intervals, through the day and night, attended by an state of oppression or continued stupor not common after former attacks. From these circumstances it became necessary to pay more attention to this case than had been usually required. The convulsions were long and more violent than at any time before and the symptoms during the paroxysms indicated a high degree of congestive cerebral embarrassment. The arterial reaction in the intervals of convulsions amounted to a considerable degree of febrile excitement; blood was debracted from the arm, until the febrile action was a good deal subdued, and co-sthetics exhibited to remove all causes of gastric irritation. These measures produced no suspension

" of the, inorganic nor any mitigation of their
 force; and it now became evident that serious mis-
 chief was threatened either from the degree and
 continuance of cerebral congestion, or from inflammation
 and erosion. The general excitement not perfectly and
 explicit even at first. Had now sunk considerably.
 The pulse was frequent, but soft and small, indi-
 cating a tendency to the state of collapse and exhaus-
 tion; under those circumstances it was thought pro-
 per to bleed locally from the temporal artery,
 which was accordingly opened and in or eight
 ounces of blood thus drawn. The warm bath was
 directed to be followed by enemata of Tynd water
 containing a solution of assafoetida and Tinc. opii
 and an epispastic over the cervical spine. The di-
 rections could be but partially performed. The
 convulsive movements increased so as to become near-
 ly incessant, though less forcible, and the patient

expired about thirty-six hours from the com-
 mencement of the attack, as described in the preceding
 sketch of the case. The head was examined some
 hours after death: when the cranium was removed,
 the inner table presented an appearance of great
 vascular congestion; the meningeal arteries through-
 out all their branches were distended as if by the
 most successful injection; on raising this membra-
 ne the surface of the cerebrum displayed a gen-
 eral, and very remarkable engorgement of all the
 superficial vessels of the *pia mater*, exhibiting on both
 hemispheres the appearance of web or dense net-work
 of vessels filled to their utmost capacity; the veins win-
 dling in the sulci between the convolutions of the brain
 distended with very black blood, while the intermediate
 spaces were overspread by arterial branches very florid
 from great injection. The substance of the brain gene-
 rally presented nothing unusual except a slight vascular

lar character; the ventricles contained no, (or very little) fluid. While removing the brain by successive, horizontal sections, a cell or cavity was discovered on the right side. The cell or cavity existing at this place was large enough to have contained one or two drachms of fluid, but was empty when discovered, or rather contained only a small quantity of yellowish mucous matter with which its interior surface was coated and stained; the medullary substance immediately around the cell, together with its dura mater covering (the pia mater in front of the cell were destroyed by ulceration; were also tinged with the same greenish yellow hue. This cavity or cell, seemed to have existed a long time, the result apparently of degeneration of the brain at that point, occurring at some remote period. The direct cause leading to the formation of the cell or cavity in question seemed susceptible of "easy explanation, from a peculiarity in the interior

surface of the cavity. ~~At~~ this place a spine or
 tubercle of bone, projected from the middle convex
 point of the right fronto-orbital plate, in such
 a manner and to such extent as to have been
 evidently a source of constant irritation to that
 portion of the surface of the anterior lobe of the
 brain lying upon and in contact with it. This
 spinous projection was pointed at its extremity,
 and seemed well fitted to produce the kind of
 lesion which existed in the contiguous portion
 of the brain; probably irritation of the brain
 from this cause, was coeval with the life of the
 subject involving the liability to the morbid
 train which marked every period of his existence.
 "The patient was idiotic from infancy." We
 voice in this case that no remedy could have cured
 the disease unless the bony growth had been removed,
 the irritant agent remaining concealed like a

thief robbing the poor man of his days of existence.

It seems natural to attribute to irritation the phenomenon of Epilepsy as we see always an agent whether mechanical or otherwise acting as the only accountable cause, but there are cases in which there is a foreign body acting as an irritant upon a nerve without producing Epilepsy, but developing neuralgia or other phenomenon, there must be, as I have said somewhere else, a constitutional tendency to the disease, but what is the lesion in the nervous system predisposing to Epilepsy? This is a mooted point, this is a mystery and it is not astonishing that in older time this disease was thought to be the demon inclosed in the sufferer's body, it was a superstitious disease.

We may see that in the mentioned case the post mortem examination do not throw great light upon the subject. The spicula accounts

for the fits, for the imbecility, for the cerebral
congestion $\&c$; but it does not say anything
about the medulla oblongata, it does not express
the change in the brain besides the abscess for-
med by the spicula of bone.

I presume that the results of the post
mortem examinations in cases of Epilepsy are ve-
ry much the same as the one just mentioned.
The state of the brain predisposing to Epilep-
sy remains to be mentioned, there must be a
germ as it were, the germ of the disease wait-
ing a cause to develop itself, this we have
to admit, as I have mentioned when as one of
the triumphs of Medical science this subject
will be brought to light, perhaps in a
short space of time, constancy and work
will conquer it.

The subject of the nervous system and its change

ments has attracted the attention of modern experimenters, therefore our hope will not be disappointed, work has its recompence,.... work will make us understand the hieroglyphs of the book of nature.